

Maine Department of Labor – Bureau of Labor Standards
Migrant & Immigrant Services Division
45 State House Station
Augusta, ME. 04333-0045
Telephone: (207) 624-6487
Fax: (207) 624-6449
Website: www.maine.gov/labor/bls/mis.htm

Prevailing Wage Request Form

Please complete this form, then mail or fax to the address or fax number above.

Please check one:

☐ H1-B

☐ PERM (effective 3/28/05)

EMPLOYER INFORMATION:

1. Employer Name: _____ Telephone #: _____ Fax #: _____

FOREIGN WORKER INFORMATION

2. Foreign worker's name (Optional): _____

3. Physical address where foreign worker will work: (Street, city, state, zip code)

JOB INFORMATION

4. Nature of employer's business:	5. Title of job being offered:	6. Hours per week:	7. Rate of pay: \$
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8. Please **specifically** describe the amount and nature of supervision, judgment, and level of understanding. (Attach additional sheet if necessary)

EDUCATION

9. College Education (Number of years required for job being offered)	10. College degree required (Specify)	11. Special skills (Licenses, certifications, training, or other)
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EXPERIENCE

12. Job Offered	or	13. Related Occupation	14. Number of employee's foreign worker will supervise
Years		Years	

15. Name of Requestor: _____ Telephone #: _____ Fax #: _____

Address: (Street, city, state, zip code): _____

Maine Department of Labor Prevailing Wage Determination Results:

Area: _____ SOC/O*NET (OES) Code: _____

Occupational (OES) Title: _____ Skill Level: ☐ I. ☐ II. ☐ III. ☐ IV.

Prevailing Wage: \$ _____ Hourly \$ _____ Yearly Prevailing Wage Source: _____

Agency Official: _____ Date: _____

This wage determination rate is valid for filing applications and attestations for no less than 90 days and up to 11 months from the date of this response. For questions pertaining to prevailing wages, please refer to General Administration Letter 2-98 online at http://ows.doleta.gov/dmstree/gal/gal98/gal_02-98.htm

Rev. 03/06